

Appendix E: Performance Measures

Overview

Performance and outcome measures were introduced in 1999 by the MCHB in response to the Government Performance and Results Act (GPRA) of 1993. The purpose of GPRA is "to improve federal program effectiveness and public accountability by promoting a focus on results, service quality and customer satisfaction." Performance measures are tied to a performance-based program budget, and the states are accountable for meeting the performance measures and evaluating their results in all federally funded programs. Use of performance measures is a good public health practice and was also recommended by the Institute of Medicine in its two studies of the status of public health in America. GPRA also requires comprehensive strategic plans, annual performance plans with measurable goals and objectives, and annual reports on actual performance compared to performance goals.

The MCHB guidance fulfills all of the requirements of GPRA and assures that the states meet those requirements through the MCH Block Grant application and annual report. However, the performance and outcome measures are not a comprehensive representation of the entire scope of the Title V program within any given state. The national performance and outcome measures were selected because they are common to all Title V programs, they relate to existing data sources, and the program results can be quantified or measured. The state negotiated performance and outcome measures allow the state to address its unique needs that surface as a result of the needs assessment. A priority in one state may not be a priority in another state; allowing states to negotiate additional performance and outcome measures ensures flexibility. There are a number of systems building activities that the block grant conducts that are difficult to measure - the quality and extent of interagency collaboration, for example. Because the application limits the number of performance and outcome measures that can be submitted, there will always be state programs that will not be identified in the application.

States ensure public accountability in the block grant in three ways: by annually measuring progress toward performance measures, by budgeting and reporting funds, and by improving MCH outcome measures. The guidance requires reporting on the MCH populations served and the activities provided by level of the MCH pyramid for each of the 18 national performance measures, as well as the 7-10 state negotiated performance measures. The outcome measures should improve over time if the performance measures and the activities to accomplish the measures were adequate. Providing this information publicly demands that the state collect

dependable service-level data. For public accountability, the State must describe their accomplishments, current activities, plans for the coming year and the populations served. The table below summarizes Idaho's performance based on these measures.

| Performance Measure | Indicator | Data Sources |
|---|---|---|
| Pregnant Women | | |
| <i>MCHB National Measures:</i> | | |
| <ul style="list-style-type: none"> The rate of birth (per 1,000) for teenagers aged 15 through 17 years (PM #08) | 18.3 per 1,000 (average 2001-2003) | <ul style="list-style-type: none"> IDHW, Bureau of Health Policy and Vital Statistics |
| <ul style="list-style-type: none"> Percent of very low -birth-weight infants delivered at facilities for high-risk deliveries and neonates (PM #17) | Not Available | <ul style="list-style-type: none"> Not Available |
| <ul style="list-style-type: none"> Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. (PM #18) | 81.7% (Average 2001-2003) | <ul style="list-style-type: none"> Idaho Vital Statistics PRATS 2001 |
| <i>ID State Measures:</i> | | |
| <ul style="list-style-type: none"> Proportion of all pregnancies seen in Reproductive Health clinics that are unintended. (State PM #1) | 62.1% of women who went to the District Health Office (RH Clinic) for any service, and who were pregnant, did not plan their pregnancy. | <ul style="list-style-type: none"> Family Planning/Reproductive Health Program, IDHW Guttmacher Institute |
| <ul style="list-style-type: none"> Percent of positive pregnancy tests in Reproductive Health Program participants younger than 20 years old (State PM #2) | 5.7% of positive pregnancy tests in Reproductive Health program participants of less than 20 years old | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| Mothers | | |
| <i>MCHB National Measures:</i> | | |
| <ul style="list-style-type: none"> Percentage of mothers who breastfeed their infants at hospital discharge (PM #11) | 87.6% of Idaho mothers initiated breastfeeding at the hospital 79% of WIC Clients initiated breastfeeding | <ul style="list-style-type: none"> Ross Mothers Survey PRATS National Immunization Survey WIC |

| Performance Measure | Indicator | Data Sources |
|---|--|--|
| Infants | | |
| <i>MCHB National Measures:</i> | | |
| <ul style="list-style-type: none"> The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State. (PM #01) | 95% of screened newborns with confirmed metabolic conditions were followed up in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Percentage of newborns who have been screened for hearing before hospital discharge (PM #12) | 97% of newborns were screened for hearing before hospital discharge in 2003 | <ul style="list-style-type: none"> Newborn Hearing Screening Program |
| <ul style="list-style-type: none"> Percent of very low birth weight infants among all live births (PM #15) | 1% of infants were of very low birthweight during 2001-2003 | <ul style="list-style-type: none"> IDHW, Bureau of Health Policy and Vital Statistics |
| <i>ID State Measures:</i> | | |
| <ul style="list-style-type: none"> Percent of infant deaths attributed to SIDS that are autopsied. (State PM #8) | 100% of infant deaths attributed to SIDS were autopsied in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| Children and Adolescents | | |
| <i>MCHB National Measures:</i> | | |
| <ul style="list-style-type: none"> Percent of third grade children who have received protective sealants on at least one permanent molar tooth. (PM #09) | 53.6% third graders received dental sealants in 2001 | <ul style="list-style-type: none"> Idaho State Smile Survey |
| <ul style="list-style-type: none"> Percentage of children without health insurance (PM #13) | 14% of children under age 18 were uninsured during 2002-2003 | <ul style="list-style-type: none"> Kaiser Family Foundation |
| <ul style="list-style-type: none"> Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. (PM #07) | 78% of children ages 19-35 months were up-to-date on the 4:3:1:3:3 immunization series in 2003 | <ul style="list-style-type: none"> National Immunization Survey |

| Performance Measure | Indicator | Data Sources |
|--|---|--|
| <ul style="list-style-type: none"> Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program (PM #14) | 94.3% of children ages 1-21 of eligible children received services paid by Medicaid in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. (PM #10) | 5.89 deaths per 100,000 children ages 0-14 in 2002 | <ul style="list-style-type: none"> Idaho 2002 Vital Statistics Report |
| <ul style="list-style-type: none"> The rate (per 100,000) of suicide deaths among youths 15–19. (PM #16) | 13.68 deaths per 100,000 children ages 15-19 in 2002 | <ul style="list-style-type: none"> Idaho 2002 Vital Statistics Report |
| <i>ID State Measures:</i> | | |
| <ul style="list-style-type: none"> Use of the Idaho CareLine as a clearinghouse (information/referral service) of information for non-health related children's social and developmental services (State PM #3) | 13,719 calls in 2000 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Rate of child deaths reviewed by the ID Child Mortality Review Team (State PM #4) | 50.2% of deaths to children under age 18 were reviewed by the Child Mortality Review Team | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Doses of hepatitis A vaccine administered to children at kindergarten entry (State PM #5) | 16,971 doses of hepatitis A vaccine were administered in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Percent of children age 5 years who are caries-free in their primary teeth (have no decayed, missing or filled teeth due to tooth decay) (State PM #6) | 53.6% of kindergarten children were caries-free in 2001 | <ul style="list-style-type: none"> Idaho State Smile Survey |
| <ul style="list-style-type: none"> Percent of investigations completed for children with elevated blood lead levels (State PM #7) | 100% of investigations of children with elevated blood lead levels were completed in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Percentage of CHIP-eligible children who are enrolled in the program (State PM #9) | 41% of eligible children were enrolled in CHIP in 2003 | <ul style="list-style-type: none"> Idaho MCH Title V block grant |

| Performance Measure | Indicator | Data Sources |
|--|---|---|
| Children with Special Health Care Needs | | |
| <i>MCHB National Measures:</i> | | |
| <ul style="list-style-type: none"> The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey) (PM #02) | 57% of families of CSHCN partner in decision making <u>and</u> are satisfied with services 90% say doctors usually or always make the family feel like a partner 58% report being very satisfied with the services they receive | <ul style="list-style-type: none"> Idaho MCH Title V block grant CDC 2003 |
| <ul style="list-style-type: none"> The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey) (PM #03) | 49% of CSHCN families report receiving coordinated, ongoing, comprehensive care within a medical home | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey) (PM #04) | 53% of families of CSHCN report having adequate private and/or public insurance to pay for the services they need | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey) (PM #05) | 75% of families of CSHCN report that community-based service systems are organized so they can use them easily. | <ul style="list-style-type: none"> Idaho MCH Title V block grant |
| <ul style="list-style-type: none"> The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey) (PM #06) | 6% of families of CSHCN report receiving the services needed to make transition to all aspects of adult life | <ul style="list-style-type: none"> Idaho MCH Title V block grant |